

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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9						
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12						
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21	1					
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33						
34	1					
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		2				
42	1					
43		①				
44		②				
45						
46	1					
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.		14				
TOTAL CLAIMS	6	14				

3
14
40
57

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						